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## BIB DATA SHEET

CONFIRMATION NO. 9187

<b>SERIAL NUMBER</b> 10/765,293	<b>FILING or 371(c) DATE</b> 01/27/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 1512.023	
<b>APPLICANTS</b> James A. Zagzebski, Madison, WI; Tomy Varghese, Madison, WI; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/464,678 04/22/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/10/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /NASIR Acknowledged SHAHRESTANI/ Examiner's Signature	<input type="checkbox"/> Met after Allowance NSS Initials	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> BOYLE FREDRICKSON S.C. 840 North Plankinton Avenue MILWAUKEE, WI 53203 UNITED STATES					
<b>TITLE</b> Ultrasonic elastography with angular compounding					
<b>FILING FEE RECEIVED</b> 619	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		